

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION

IN RE: BABY FOOD PRODUCTS
LIABILITY LITIGATION

Case No. 24-MD-3101-JSC

MDL 3101

INITIAL PLAINTIFF FACT SHEET

This document relates to:

ALL ACTIONS

“You” refers to the person completing this Plaintiff Fact Sheet.

“Plaintiff” refers to the minor plaintiff bringing suit.

“Plaintiffs’ Parents” refers to the biological parent(s) or adoptive parent(s)/guardian(s) of Plaintiff.

“Guardian ad litem” refers to the court-designated representative of Plaintiff.

“ASD” refers to Autism Spectrum Disorder.

“ADHD” refers to Attention-Deficit Hyperactivity Disorder.

Please provide an answer for each question and do not leave any answer space blank. If you do not know or cannot recall information required to answer a question, please specifically state either “Do not know” or “Cannot recall” in the response. If a question is not applicable to you, please specifically state that it “Does not apply.”

Case Information**1. Provide the following information for the case Plaintiff, Plaintiff's Parent(s), or Plaintiff's guardian(s) filed:**

Case Name: _____ Docket No.: _____

Attorney: _____

2. Provide the following information relating to Plaintiff:

Name: _____ Date of birth: _____

Parents or Guardians: _____

Current Address: _____

Previous Addresses (since birth): _____

3. What is the injury/condition you are claiming

Injury/Condition	Yes/No	Date of Diagnosis	Name of Diagnosing Healthcare Provider
Autism Spectrum Disorder			
ADHD			
Other _____			

4. Identify by brand and type all commercial baby food Plaintiff consumed and contends caused or contributed to his/her injury. Please add additional rows to the below chart as needed or, alternatively, you can provide the names of additional baby food brands on a separately included appendix to this Plaintiff Fact Sheet.

Baby Food Brand	Baby Food Type/Baby Food Product (e.g., Bananas (jars), Strawberry (pouch), etc.)

Food Purchasing Records

5. For commercial baby food that Plaintiff contends caused or contributed to his/her injury, please provide the below-requested information. Please include on-line and in-store locations, and grocery stores as well as stores where any food was purchased that are not traditional grocery stores (such as drugstores, farmers' markets, multi-purpose stores like Target or Costco, as well as delivery services, such as Instacart, Shipt, DoorDash, Grubhub, Uber Eats). Please add additional rows to the below chart as needed or, alternatively, you can provide the names of additional stores/websites on a separately included appendix to this Plaintiff Fact Sheet:

Store/Website Name	Store/Website loyalty account number and associated phone number	Payment method(s) used (credit/debit, cash, check, WIC, etc.)

6. List the names of all credit card, debit card, or WIC/EBT accounts and their associated numbers used at the stores listed in Response to Question 5 to purchase commercial baby food that Plaintiff contends caused or contributed to his/her injury.

7. Does Plaintiff, or Plaintiff's Parents have any receipts or other records of purchases from any sellers identified in response to Question 5?

_____ YES _____ NO

8. Does Plaintiff, or Plaintiff's Parents have credit, debit, WIC account, and/or banking statements that show purchases from any sellers identified in response to Question 5 from Plaintiffs' birth to injury diagnosis?

_____ YES _____ NO

Photos and Video Records

9. Does Plaintiff, or Plaintiff's Parents have paper photos of Plaintiff from birth to present?

_____ YES _____ NO

10. Do You, Plaintiff, or Plaintiff's Parents have videos of Plaintiff from birth to present stored on any physical storage device (such as a smartphone, camera, DVD or external drive)?

_____ YES _____ NO

11. Please identify all digital, electronic, web-based, or cloud-based accounts used to store photos and videos of Plaintiff from birth to present:

Medical Records Information

12. Please provide the below requested information for all of Plaintiff's healthcare providers from Plaintiff's gestation through present. These providers include Plaintiff's parent's OB/GYN and/or midwife, any pediatricians, dentists, or other medical providers for Plaintiff, any hospitals and/or clinics, and any individuals or groups who have evaluated or provided treatment related to Plaintiff's physical, developmental, psychological, behavioral and/or emotional well-being. Please add additional rows to the below chart as needed or, alternatively, you can provide the names of additional providers/institutions on a separately included appendix to this Plaintiff Fact Sheet.

Provider/Institution	Business Address	Approximate Dates of Treatment

1 **13. Does Plaintiff, or Plaintiff's Parents have any medical records or other documents**
2 **that document the care provided to Plaintiff by any person or entity identified in**
3 **response to Question 12?**

4 _____ YES _____ NO

5 **14. Has Plaintiff undergone testing for presence of or exposure to any heavy metal?**

6 _____ YES _____ NO

7 **If yes, please identify:**

8 a. The name, location, and date of the testing:

9 _____
10 _____

11 **15. Has Plaintiff participated in an investigative or other research trial relating to ASD**
12 **or ADHD?**

13 _____ YES _____ NO

14 **If yes, please identify:**

15 a. The name, location, and date of the research trial:

16 _____
17 _____

18 **16. Has Plaintiff, Plaintiff's Parent, or biological sibling of Plaintiff undergone genetic**
19 **testing?**

20 _____ YES _____ NO

21 **If yes, please identify:**

22 a. The name, location, and date of the testing:

23 _____
24 _____

Educational Records

17. Please provide the below requested information for all daycare facilities, preschools, schools, or other educational service providers for Plaintiff from birth to present. This includes any educational services provided as part of the assessment and/or treatment of Plaintiff's ASD and/or ADHD, including speech, occupational and/or behavioral therapy.

Please add additional rows to the below chart as needed or, alternatively, you can provide the names of additional institutions/service providers on a separately included appendix to this Plaintiff Fact Sheet.

Name and Address of Institution/Service Provider	Approximate Dates of Participation/Attendance

Signature of Plaintiff : _____

Date: _____